

DEPARTMENT OF HEALTH

REGISTERED COUNSELOR TASK FORCE

June 22, 2006

Department of Health, Point Plaza East, Room 153
310 Israel Road, Tumwater, Washington

Meeting Minutes

Welcome and why we are here

Laurie Jenkins opened the meeting with a welcome and introduction of why we are here.

Introduction of task force members

The task force members all introduced themselves.

Purpose of task force/role of members

Wendy Fraser, facilitator, discussed the role of the task force and its members. The role of the task force is to, 1) review existing statutes and regulations of registered counselors; 2) determine if registration, certification, or licensure is appropriate; 3) determine if education, examination, supervision, or experience requirements are appropriate; and 4) develop recommendations to the Governor.

Registered counselor basics and survey

Pamela Lovinger discussed registered counselor basics. She told the group that there are 17,496 registered counselors. There are no educational, examination, experience, or supervision requirements. Registered counselors are required to provide a disclosure statement to help clients make an informed decision whether or not to accept treatment. Pam also informed the group that the department is mailing out a letter and survey to all registered counselors to gather more information about what type of work they do.

Current issues and concerns of task force members

Seattle Times Articles examining discipline of registered counselors and complaint rates

Public education:

- Perception that registered counselors have education and experience
- The public may not know the difference between the various counseling credentials
- Disclosure requirements

People trust the state. How do we give them confidence in what they are getting? How do we regulate such a diverse group with so many levels of education?

Why do we have a RC credential in Washington State, especially since most states do not have one?

We know very little about RCs, e.g. where they practice.

The scope of practice is quite large.

There have been a lot of concerns around sexual misconduct and the presumption that more education equals less misconduct. The data does not support this so we cannot jump to conclusions.

This has been an issue for a long time.

Clients in community mental health centers are a vulnerable group: mentally ill, vulnerable, and many on Medicaid

If this task force adds more education requirements, we run the risk of RCs becoming “coaches.” We may have to define what “coaching” means.

Wendy Fraser suggested we break out the different categories of registered counselors.

Categories of Registered Counselors

- Pre-licensed group
- Group that could have been grandfathered into a licensed group
- Those who meet the educational requirements but have not taken the exam
- Those with no mental health education but practicing for a long time
- Those who provide services in agencies under the agency “umbrella”
- Community mental health: consumer protection achieved through organizational licensing mechanisms; different levels of practitioners doing different levels of work under different levels of supervision.

We need to distinguish between independent practice and supervised settings.

We need to find out the comparison of complaints to other mental health providers.

Class and race play a part in who gets education and experience.

Make sure peer counselors aren’t forgotten.

Educational costs are high, with approximately \$50,000 for a masters program, 1 year unpaid internship, and \$120 per hour x 3,000 hours supervision by a licensed provider.

Some only get licensed for insurance reasons.

Those licensed in private practice are not interested only in insurance reimbursement.

People who practice should meet a performance standard.

Division of Alcohol and Substance Abuse (DASA) requires registration for Chemical Dependency Professionals (CDP) in training. We should limit the length of time to become licensed and limit the scope of practice for trainees. Some in the field are worried about the potential for requiring more education, however we need to stay focused on patient safety.

We need to keep the different RC populations separate and keep clear lines on what they can and cannot do.

What is the definition of a complaint? Why is the action rate so much higher than other professions if the complaint rate is low? Because the complaints are about more serious offenses.

Some RCs don’t work at all – some are in masters programs.

Will continuing education be added?

Peer review board – for complaints. Should this be considered for RCs? Consider a broader set of regulations with diversity.

There is a false trust in state registration. People believe it means they have been checked out.

Registered counselors are a very diverse group. They are not comparable so one credential does not cover them all. We should consider a broader net.

We may be moving toward two types of credential: those going for licensure and those in community mental health.

The RC is trying to meet far too many needs with one classification.

There are concerns about transition issues, e.g. is there capacity in educational systems and how do we protect patients if we no longer have the RC credential?

Life coaching needs to be clarified for the group. Life coaches are not under the Uniform Disciplinary Act. They coach, not counsel.

Do other states have comparable professions and scopes of practice? Are there categories that limit supervision of licensed counselors? Someone suggested that Kansas has a category.

Supervision appropriate for different levels of counselors

Can we research disciplinary cases by setting? For example, are there fewer cases in supervised settings? And by years in practice.

Who are RCs serving? These people will be affected by our decisions.

Questions about Registered Counselor

1) What value do registered counselors bring to Washington State?

Provide a service to those who need but cannot pay, especially in community mental health and rural areas.

The RC credential allows people with less education to contribute, such as in the chemical dependency field where those with prior chemical addictions can help others.

Intern validation for those pursuing degrees

A lower cost alternative

RCs are subject to the Uniform Disciplinary Act, which provides some level of protection. When action is taken, it is reported to the national data bank, media and others.

It is not just about money. In community mental health, they are recovery oriented and they match skills and interests with client needs.

The RC credential provides an entryway to an apprenticeship.

RCs provide different roles than licensed counselors, for example, therapeutic verses therapy.

There may be a role for RCs in a supervised or team practice setting.

It is difficult to determine value without more data.

If the RC credential were removed, DASA would lose approximately 35% of their employees. People could go unserved.

Community mental health estimates they could lose about 60% of direct service. They require many different levels of providers.

Clarification, we are discussing the value of the people doing the RC work, not the credential itself.

Some states exempt state agencies, community mental health, and schools from credentialing because they have their own internal mechanisms.

RCs in community mental health settings have liability coverage that would not be affected by a change in RC requirements.

Often in rural areas, RCs are the only source of mental health services.

CDP – education requirement. There is a loophole in community colleges where they may get their 90 required credits but often get recruited for jobs before they actually get their degree.

2) Should the state register counselors?

Not in its present form. Who, how, and what should we require?

There is confusion among the public about registered, certified, and licensed.

The only thing the current registration says is that RCs are not criminals and have paid \$40 for a registration.

This is a very broad question. A better question would be: How can the state be responsive?

The overall issue is how do we appropriately protect the public.

Do we want to have RCs just for community mental health?

There is confusion from the citizen point of view. Registration is a meaningless category.

Are there other titles we could use, such as mental health technician?

What are the ramifications if we take away this credential? Many practicing for years would now be practicing illegally. How does that affect consumer access?

Example is: How do we let the rural RC stay in business who provides marriage counseling to members of her church?

Do we just give title protection or do we create a definition of counseling?

Different categories of RCs to consider:

- Pre-licensed/students/candidate status
- Agency counseling: Regulated and unregulated agencies
- Independent practice
- Supervised settings, such as community mental health and regulated agencies, pre-licensed, and chemical dependency facilities
- Unsupervised – independent practice
- RCs working under licensed individuals (the supervisor is under the UDA)

3A-B) Should registered counselors have an education requirement? If yes, what is the minimum?

Pre-licensed/student/candidate category

Yes. They should. One suggestion from Representative Moeller is to use Clark College as an example. They require a course in each of the following: counselor skills, ethics, group counseling, and introduction to counseling. There is a time limit of 5 years to complete their degree with a potential for an extension to 6 years. A criminal background check is conducted on each student. Representative Moeller will send this information to DOH to include in our research.

The DASA WAC used to say what classes were required for CDPs.

Would the educational requirement be different for each license type, such as social worker and marriage and family therapist? Is there a basic starting point for education?

The best way to capture differences in educational/experience requirements for pre-license/students would be to capture the education and experience requirements in the individual licensing laws. We could also add time limits to achieve the education, etc.

Are we talking about just graduate students or also undergraduates? There are now BA level who are required to be RCs while obtaining the required supervision. One option would be to put the BA level in a different category than the MA level.

Audience Comment Period

Paul Weatherly from the CDP Advisory Committee developed some recommendations. There is a shortage of CDPs in Washington. CDP trainees need to be regulated. DSHS WAC requires an RC while obtaining experience hours. Changes to the RC credential would affect recruiting. The committee agrees that some educational requirements would be a good thing, but requiring a BA or MA would not. They also feel that since each mental health discipline is unique, the WAC definitions of education should be left up to each individual committee or board. Should we consider a separate credential for CDP trainee? Require trainees to apply to DOH to be a trainee so the advisory committee could provide input to DOH on regulation?

Renee Miereanu and Dianne Cox, audience members who are hypnotherapists and RCs, stated the task force should recommend those in practice for over 10 years be grandfathered with no education requirements. Consider other means of education such as continuing education over the years. There are some folks in the population who need help but fear “counseling” and choose hypnotherapy.

Paula Fisher, a registered counselor who wants to become licensed stated there are many who go out into treatment facilities and private agencies with no supervision. RCs are often victims of the system and need protection. They often don’t get the training they want and need.

Verne Gibbs stated he has an MA in transforming spirituality. He does not need to be an RC but chooses to be for public protection. Verne stated that the focus is always on the input, e.g. education and experience. We should also focus on the current experience of the client – are their needs being met? How are they benefiting? Are they receiving quality treatment?

Laurie Jenkins stated that the task force tried to get representation of clients but were unsuccessful at getting anyone to be on the group.

Next Steps for July Meeting

Research required – Deadline to email research to Sherry Thomas is July 12.

Please email to sherry.thomas@doh.wa.gov

- ✓ We will have the results of the RC survey
- ☐ Where are licensed folks practicing? Zip-code pull (Bob Nicoloff)
- ☐ Hypnotherapy data (Tracy Hansen)
- ☐ Definitions of 1) complaint and 2) counselor (DOH)

Information on Other states:

- ☐ License types (Sherry Thomas)
- ☐ Use of paraprofessionals and candidate status (Sherry Thomas)
- ☐ How do states that do not regulate counselors protect consumers? (Sherry Thomas)
- ☐ How do they address community mental health – exemption of regulated entities? (Sherry Thomas/Ann Christian/Kelleann Foster)

Data on Discipline for RCs:

- ☐ Statistics on other mental health providers (Bob Nicoloff)
- ☐ Number of counselors compared to number of complaints over last 5 years – growth in registrations compared to growth in complaints (Bob Nicoloff)
- ☐ Comparison of actions taken between licensed and registered mental health providers
- ☐ DSHS data (Dennis Malmer)

Regulation of Washington Regulated Entities:

- ☐ DSHS will bring for community mental health
- ☐ DOH will bring for residential facilities
- ☐ Ann Christian will bring agency practice information for community mental health

Meeting adjourned at 12:00 PM

Task Force Members in Attendance:

Doug Wear

Hoyt C. Suppes

Karen Langer

Marianne Pettersen

Preston Peterson

Carl Kester

Shana Cantoni

Lisa Bennett

Lisa Erickson

Representative Jim Moeller (by phone)

Kelleann Foster

Dennis Malmer

Ray Harry

Patricia Cummings

Caroline Wise

Ann Christian

Audience Members:

Dianne Cox, Eastside Hypnosis

Paul Weatherly, CDP Advisory Committee

Chris Blake, House of Representatives

Renee Miereanu, Breathe Counseling Center

Paula fisher, ADHL

Kelly For

Verne Gibbs